

**APPLICATION FOR BUSINESS LICENSE**

CITY OF LAFOLLETTE  
207 South Tennessee Avenue  
LaFollette, TN 37766

**EXACT BUSINESS NAME:** \_\_\_\_\_**CORPORATE BUSINESS NAME:** \_\_\_\_\_**TYPE OF OWNERSHIP:** ☐ Proprietorship ☐ Partnership ☐ Corporation ☐ Other**OPENING DATE:** \_\_\_\_\_ **SALES TAX I.D. NO.:** \_\_\_\_\_**PHONE NUMBER(S):** \_\_\_\_\_**EXACT NATURE OF BUSINESS ACTIVITY:** \_\_\_\_\_**PHYSICAL BUSINESS ADDRESS:** \_\_\_\_\_  
(DO NOT USE A P.O. BOX)☐ Prefer Notices Mailed**OTHER MAILING ADDRESS:** \_\_\_\_\_☐ Prefer Notices Mailed

Identify the owner(s), officers, and/or partners (attach additional sheets if necessary):

Last Name	First Name	MI	Social Security Number	Proprietor	Officer	Partner	Other
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			City	State	Zip	Phone Number	
Last Name	First Name	MI	Social Security Number	Proprietor	Officer	Partner	Other
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			City	State	Zip	Phone Number	
Last Name	First Name	MI	Social Security Number	Proprietor	Officer	Partner	Other
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Address			City	State	Zip	Phone Number	
<b>TOTAL APPLICATION FEE* \$15.<sup>00</sup></b>			<b>Contact E-mail</b>				
This application must be received within twenty (20) days from the commencement of business or penalty and interest will apply.							

**THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.**

The individual/owner, partner, or an officer of the corporation must sign application.

\_\_\_\_\_  
SIGNATURE OF OWNER, PARTNER, OR CORPORATE OFFICER\_\_\_\_\_  
DATE

MAIL COMPLETED APPLICATION AND PAYMENT TO:

CITY OF LAFOLLETTE  
207 SOUTH TENNESSEE AVENUE  
LAFOLLETTE, TN 37766